

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Brynn L. Leroux**

Mailing Address 9000 Airline Hwy Ste 100

City

Baton Rouge

State

LA

Zip Code

70815-4183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : SA11Al.16462**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Robyn B. Lesser**

Mailing Address 6415 Sheldon Rd

City

Tampa

State

FL

Zip Code

33615-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SA11Al.16510**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Stephen C. Levin**

Mailing Address 2003 Rock Spring Rd

City

Forest Hill

State

MD

Zip Code

21050-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stephen C Levin DDSA

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2013

**Transaction ID : SA11Al.16688**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►